

**SNOHOMISH COUNTY DEPARTMENT OF PUBLIC WORKS**

3000 Rockefeller, MS 607  
Everett, WA 98201-4046  
(425) 388-3488

**EDDS Comment/Change Request Form**

**Send to:** Program Planning Supervisor, DPW, at address above.

Date: \_\_\_\_\_

Requestor: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone: (        ) \_\_\_\_\_ -- \_\_\_\_\_

EDDS Section #: \_\_\_\_\_ Section Title: \_\_\_\_\_ Page: \_\_\_\_\_

Comment(s) or Change(s) Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Justification: \_\_\_\_\_

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*For DPW Use*

Analysis:   ☐ Approve   ☐ Disapprove

Initial/Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor Notified: Letter \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_